

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044874

Entity Name: BLACKSTREAM PARTNERS, LLC

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

1677 CUNLIFF LN  
SARASOTA, FL 34239 US

## New Principal Place of Business:

796 LYTHAM CIR  
OSPREY, FL 34229 US

## Current Mailing Address:

P.O. BOX 5785  
SARASOTA, FL 34277 US

## New Mailing Address:

796 LYTHAM CIR  
OSPREY, FL 34229 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, GREGORY P  
1677 CUNLIFF LN  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

ELLIS, GREGORY P  
796 LYTHAM CIR  
OSPREY, FL 34229 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY ELLIS

01/12/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ELLIS, GREGORY P  
Address: 1677 CUNLIFF LN  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM ( ) Delete  
Name: ELLIS, WILLIAM R  
Address: W8175 MILLIE HILL ESTATES DR  
City-St-Zip: IRON MOUNTAIN, MI 49801 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ELLIS, GREGORY P  
Address: 796 LYTHAM CIR  
City-St-Zip: OSPREY, FL 34229 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREGORY ELLIS

MGRM

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date